

Foster Family Home - Deficiency Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-18

1840 Kamehameha IV Road

Reviewer: Maribel Nakamine

Honolulu

HI

96819

Begin Date: 10/9/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection date (issued on 10/9/23).

6.d.1- Client #1's 1147 lapsed on 1/13/23 and no current 1147 was present in chart/record.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's APS/CAN lapsed on 9/27/23; Ecrim lapsed on 8/16/23. No current results were present. CG#2, CG#3, HHM#3, and HHM#4's Ecrims all lapsed on 9/9/23. All were without the current results present. HHM#7 without any APS/CAN/Fingerprint result.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#3, CG#5, HHM#3, HHM#4, HHM#5, HHM#6, and HHM#7.

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Foster Family Home	Personnel and Staffing	[11-800-41]
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- 41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

- 41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

- 41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

- 41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

- 41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

- 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

- 41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

- 41.(a)(3)- No Job Experience form completed/present for CG#5.
- 41.(b)(4)- CG#1's Primary Caregiver Disclosure form was not updated to reflect current household members in the CCFFH.
- 41.(b)(5)- No Alternate Transportation form completed.
- 41.(b)(7)- CG#5's TB clearance lapsed on 4/9/15 and no current clearance was present.
- 41.(b)(8)- CG#5's blood borne pathogen and infection control training certificate lapsed on 6/1/22 and no current certificate was present.
- 41.(c)- No annual in services hours were present for CG#5 for the year 2022 & 2023.
- 41.(g)- No basic skills checklist completed for CG#5 in Client #1's chart/record.

3 Person Staffing	3 Person Staffing Requirements	(3P) Staff
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- (3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2)Staff- No current Sign In/Out Sheet present. Last documented was on 1/20/20.

Foster Family Home	Client Care and Services	[11-800-43]
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- 43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations present for CG#5 in Client #1's chart/records.

Foster Family Home - Deficiency Report

3 Person Fire Safety, Natural Disaster

3 Person Fire Safety

(3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P) (b)(1), (6) Fire- No monthly fire drills present for the past 12 months. CG#1, CG#2, CG#3, and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home

Physical Environment

[11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

49.(e) The home shall have policies regarding smoking on the property that:

Comment:

49.(c)(3)- Client #1's bedroom with a strong urine odor. Client's bedside commode with dark yellow colored urine with foul smelling urine.

49.(e)- CCFFH without a smoking policy present.

Foster Family Home

Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- No Emergency Preparedness Plan in the CCFFH. CG#2, CG#3, and CG#5 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- No automobile policy present.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH without a visiting policy present.

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Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

- 54.(a)(3)- No list of community resources.
- 54.(c)(2)- Client #1's Service Plan dated 7/4/23 without the client/POA's signature.
- 54.(c)(6)- No monthly RN Summary Visit for the months of January 2023, February 2023, April 2023, May 2023, August 2023, and September 2023 for Client #1.

Maribel Nakamine, RN 10/9/23
Compliance Manager Date

Josefa B. ... 10/9/23
Primary Care Giver Date